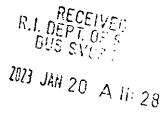
## **Application for Certificate of Authority**

**FOREIGN Business Corporation** 

→ Filing Fee: \$310.00 minimum



Pursuant to the provisions of <u>RIGL 7-1,2-1405</u>, the undersigned foreign corporation hereby applies for a Certificate of Authority to transact business in the State of Rhode Island, and for that purpose submits the following statement:

or triat purpose submits the following statement.		
1. The name of the corporation is:		
HPHC INSURANCE COMPANY, INC	· ·	
2. It is incorporated under the laws of: MASSA	CHUSETTS	
3. The name, if different, which it elects to use in Rh	ode Island is:	
(a) If the name of the corporation in its jurisdiction of "incorporated", or "limited," or an abbreviation therecabove corporate endings for use in Rhode Island:		• • • • • • • • • • • • • • • • • • • •
(b) If the corporate name is not available in Rhode Is corporation will qualify and transact business in Rho filed with this application:		
4. The date of its incorporation is: 9/27/1991		
And the period of its duration is: CHECK ONE BOX	ONLY	
Perpetual (on-going)		
Date certain for dissolution		
5. The address of its principal office is:		
1 WELLNESS WAY, CANTON, MA 02021-	1166	
6. The name and address of the initial registered ag	ent/office in Rhode Island:	
Agent Name CT CORPORATION SYSTEM		
Street Address (NOT a P.O. Box) 450 (	Icterans Memori	al PARLWay SK7A
City/Town PROVIDENCE	State RHODE ISLAND	Zip Code 02914

MAIL TO:

**Division of Business Services** 

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov FILED 1/28

JAN 20 2023 BY M3 SERRA

tate or country of which	•	nors (optional, unless di	rectors are required under the laws of the		
NAME		ADDRESS			
-			<del></del>		
			Check the box to indicate an attachment		
	espective addresses of its princ of which it is incorporated):	cipal officers (mandatory	if directors are not required under the law		
OFFICE	NAME		ADDRESS		
PRESIDENT					
VICE PRESIDENT					
TREASURER					
SECRETARY					
	<u> </u>	I	Check the box to indicate an attachment		
	er of shares which it has autho any, within a class, is:	rity to issue; itemized by	y classes, par value of shares, shares with		
NUMBER OF SHARES	CLASS	SERIES	PAR VALUE OR STATE NO PAR VALUE		
50,000	COMMON				
		· · · · · · · · · · · · · · · · · · ·			
			_		
			_		
ocated within this state		s to the value of all prop	of the property of the corporation to be erty of the corporation to be owned during neet.)		
0 %	)				

# HPHC INSURANCE COMPANY, INC.

### **OFFICERS**

Cain Hayes President & CEO 1 Wellness Way, Canton, MA 02021-1166

Umesh Kurpad Chief Financial Officer 1 Wellness Way, Canton, MA 02021-1166

Mark Porter Treasurer 1 Wellness Way, Canton, MA 02021-1166

Susan A. Kee Clerk/Secretary 1 Wellness Way, Canton, MA 02021-1166

#### **DIRECTORS**

Cain Hayes

1 Wellness Way, Canton, MA 02021-1166

Umesh Kurpad 1 Wellness Way, Canton, MA 02021-1166

Tisa K. Hughes 1 Wellness Way, Canton, MA 02021-1166

12. This application must be accompanied by a Certificate of formation dated within 60 days of the date of this filing.	lication must be accompanied by a <u>Certificate of Good Standing/Letter of Status</u> from the state or country of ted within 60 days of the date of this filing.		
13. Date when the Certificate of Authority will be effective: C	HECK ONE BOX ONLY		
✓ Date received (Upon filing)			
Later effective date (Date must be no more than 90 day	rs from the date of filing)		
Under penalty of perjury, I declare and affirm that I have exa accompanying attachments, and that all statements contains	mined this Application for Certificate of Authority, including any ed herein are true and correct.		
Type or Print Name of Authorized Officer	Date		
Susan Kee	01/09/2023		
Signature of Authorized Officer of the Corporation  Susan Kea	·		



## **COMMONWEALTH OF MASSACHUSETTS**

Office of Consumer Affairs and Business Regulation

### **DIVISION OF INSURANCE**

1000 Washington Street, Suite 810 • Boston, MA 02118-6200 (617) 521-7794 • Toll-free (877) 563-4467 https://www.mass.gov/doi

# **CERTIFICATE OF COMPLIANCE**

This is to certify that as of October 19, 2022

HPHC Insurance Company, Inc.

NAIC #18975

is duly organized under the laws of the State/Commonwealth of Massachusetts and that it is authorized to transact the business of insurance and issue policies under the sections of Chapter 175 of the General Laws of Massachusetts and amendments thereto described by the following designations:

#### 54BX 54D 6A 6B

	DESIGNATION CODES:		-
1	- Fire	15	- Reinsurance (Reinsurance Companies Only)
2A	- Ocean and Inland Marine	16A	A - Life - All Kinds
2B	- Inland Marine Only	16B	B - Group Life Only
4	- Fidelity and Surety	16C	C - Variable Annuity Authorization
5A	- Boiler	16D	D - Annuities Only
5B	- Boiler (No Inspector)	16E	E - Variable Life Authorization
6A	- Accident - All Kinds	17	- Repair - Replacement
6 <b>B</b>	- Health - All Kinds	19	- Legal Services
6C	- Group Accident and Health	20	- Credit Involuntary Unemployment
6D	- Non-Can, Accident and Health	51	- Stock Companies (Extension of Coverage)
6E	- Workers' Compensation	54	- Mutual Companies (Not Specified in Section 47
6F	- Liability Other Than Auto	54BX	BX - Reinsurance Except Life
6G	- Auto Liability	54BY	BY - Nuclear Energy
7	- Glass	54BZ	BZ - Special Hazards
8	- Water Damage and Sprinkler Leakage	54C	C - Comprehensive M.V. and Aircraft
9	- Elevator Property Damage and Collision	54D	D - Personal Property Floater
10	- Credit	54E	E - Dwellings
11	- Title	54F	F - Commercial Property
12	- Burglary, Robbery, Theft	54G	G - Reinsurance - Life Companies Only
13	- Livestock		

In witness whereof, the Commissioner of Insurance of the Commonwealth of Massachusetts has caused this certificate to be signed and the seal of said Commissioner to be affixed hereto at the city of Boston, this October 19, 2022

- Had

Gary D. Anderson

Commissioner of Insurance